



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/28/00

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NJD980757330
INSTALLATION NAME	→	JOHNS MANSVILLE PENBRYN PLANT
INSTALLATION ADDRESS	→	437 N GROVE ST JOHNS MANVILLE INTL WINSLOW TWP, NJ 08009
MAILING ADDRESS	→	437 N GROVE ST BERLIN, NJ 08009

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: IANNUCCI, GENE
ENV SPECIALIST
437 N GROVE ST
JOHNS MANVILLE INTL
WINSLOW TWP, NJ 08009

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner

- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable
(D001)2. Corrosive
(D002)3. Reactive
(D003)4. Toxicity
Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 7

D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1

2

3

4

5

6

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

ROBERT SHIELDS, PLT. MGR

Date Signed

2/2/2000

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Johns Manville

U.S. EPA
AGENCY RO II

00 FEB -9 PM 2: 33

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

U.S. EPA
AGENCY RO II

00 JAN 28 PM 1: 13

Johns Manville International, Inc
Insulation Group
437 North Grove Street
P O Box 17 NJ 08009
609-768-7000

January 16, 2000

United States Environmental Protection Agency
Permits Administration – Regulated Waste Activity
290 Broadway
New York, New York 10007

Re: Company Name, Address and Area Code Change
EPA ID Number: NJD980757330

Dear Sir/Madam:

Enclosed please find one "Notification of Regulated Waste Activity" form dealing with a change in our company name, mailing address and phone number area code. Our street has been renamed from Atlantic Avenue to North Grove Street. We would appreciate it if you could update your records accordingly.

Please contact me at 856-768-7070 should you have any questions or require additional information.

Thank you for your assistance.

Sincerely,

Gene Iannucci
Environmental Specialist
Winslow Township Facility

Copy: New Jersey Department of Environmental Protection
Division of Waste Management
Bureau of Hazardous Waste Classification and Manifests
401 East State Street
P. O. Box 028
Trenton, New Jersey 08625



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/14/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD980757330

FACILITY NAME -> SCHULLER INTERNATIONAL INC PEN

MAILING ADDRESS -> CN 130
BERLIN, NJ 08009

INSTALLATION ADDRESS -> ATLANTIC AVE
WINSLOW, NJ 08095

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: CASANOVA, MARIE E
ENVIRON COORD
SCHULLER INTERNATIONAL INC PEN
ATLANTIC AVE
WINSLOW, NJ 08095



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/14/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD980757330

FACILITY NAME -> SCHULLER INTERNATIONAL INC PEN

MAILING ADDRESS -> CN 130
BERLIN, NJ 08009

INSTALLATION ADDRESS -> ATLANTIC AVE
WINSLOW, NJ 08095

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: CASANOVA, MARIE E
ENVIRON COORD
SCHULLER INTERNATIONAL INC PEN
CN 130
BERLIN, NJ 08009

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(M, MO, & DAY)

F NJD 980 757 330

T/A C

1

A

830 823

I. NAME OF INSTALLATION

MANVILLE BUILDING MATERIALS CORP.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O BOX 130

CITY OR TOWN

ST.

ZIP CODE

4 BERLIN

NJ

08009

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 ATLANTIC AVENUE

CITY OR TOWN

ST.

ZIP CODE

6 WINSLOW TOWNSHIP

NJ

08009

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 MC GONIGAL JACK INDUSTRIAL ENG

609

767

5000

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 MANVILLE BUILDING MATERIALS CORP.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
5														
W														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) JACK MCGONIGAL, EPA COORDINATOR	DATE SIGNED 6/20/83
--	--	------------------------

EPA Form 8200-12 (6-80) REVERSE

** NOTE:

WE APPLY FOR A FORMAL EPA ID NUMBER FOR THE DISCARDING OF SMALL QUANTITIES OF HAZARDOUS WASTE ON AN INTERMITTENT BASIS. WE APPLY FOR THIS ID AS A SMALL QUANTITY GENERATOR TO FACILITATE REMOVAL OF OIL AND WATER UNDER PRESENT NEW JERSEY REGULATIONS.

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY**COMMENTS**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

I. NAME OF INSTALLATION

MANVILLE BUILDING MATERIALS CORP.

II. INSTALLATION MAILING ADDRESS**STREET OR P.O. BOX**

3 P O BOX 130

CITY OR TOWN

4 BERLIN

ST.

NJ

ZIP CODE

08009

III. LOCATION OF INSTALLATION**STREET OR ROUTE NUMBER**

5 ATLANTIC AVENUE

CITY OR TOWN

6 WINSLOW TOWNSHIP

ST.

NJ

ZIP CODE

08009

IV. INSTALLATION CONTACT**NAME AND TITLE (last, first, & job title)****PHONE NO. (area code & no.)**

2 MC GONIGAL JACK INDUSTRIAL ENG 609-767-5000

V. OWNERSHIP**A. NAME OF INSTALLATION'S LEGAL OWNER**

8 MANVILLE BUILDING MATERIALS CORP.

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL**VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))**☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION**VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))**☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):**VIII. FIRST OR SUBSEQUENT NOTIFICATION**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)**C. INSTALLATION'S EPA I.D. NO.****IX. DESCRIPTION OF HAZARDOUS WASTES**

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
5														T/A C
W														1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

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7	8	9	10	11	12

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25	26	27	28	29	30

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31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001)
 ☐ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Jack McGonigal</i>	NAME & OFFICIAL TITLE (type or print) JACK MCGONIGAL, EPA COORDINATOR	DATE SIGNED 6/20/83
------------------------------------	--	------------------------

EPA Form 8700-12 (6-80) REVERSE

* NOTE:

WE APPLY FOR A FORMAL EPA ID NUMBER FOR THE DISCARDING OF SMALL QUANTITIES OF HAZARDOUS WASTE ON AN INTERMITTENT BASIS. WE APPLY FOR THIS ID AS A SMALL QUANTITY GENERATOR TO FACILITATE REMOVAL OF OIL AND WATER UNDER PRESENT NEW JERSEY REGULATIONS.

FINDS
NOTICE OF CHANGE FORM

TO: RCRA
EPA ID. MSD9180757830

DATE: 1/4/91

SOURCE #

INFORMATION CHANGED IN FINDS:-

NAME: Manville Building Material

STREET:

CITY:

STATE: ZIP CODE:

LATITUDE: LONGITUDE:

SIC CODES:

SOURCE #:

Reason for change:
(Supporting documents attached)

The site name mention above have been
changed. The new name is 'Manville Sale Corp'
per reconciliation

OB

changed 1/31/91
(Be)

PRPRINTOC6HWA101010EDJN30980757330:

1* 02

2* NJ

101* NJD980757330

102* P

104* MANVILLE BUILDING MATERIALS CORP

105* MCGONIGAL JACK-INDUSTRIAL ENG.

106* P.O. BOX 130

107* BERLIN

108* NJ

109* 08009

110* ATLANTIC AVENUE

111* WINSLOW

112* 08095

113* 6097675000

114* 007

216* CAMDEN

303* 2

1101* 2

1503* MANVILLE BUILDING MATERIAL CORP.

230* D

202* 01/24/1989

1601* 06/03/1982

1603* 09/01/1983

1701* X

2701* D001

2702* .00000



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

04/09/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD980757330

FACILITY NAME -> MANVILLE SALE CORP

MAILING ADDRESS -> PO BOX 130
BERLIN, NJ 08009

INSTALLATION ADDRESS -> ATLANTIC AVENUE
WINSLOW, NJ 08095

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MCGONIGAL JACK INDUSTRIAL ENGR
MANVILLE SALE CORP
PO BOX 130
BERLIN, NJ 08009



September 21, 1992

USEPA - Region II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, New York 10278

Dear Sir/Madam:

Please find enclosed EPA Form 8700-12, Notification of Regulated Waste Activity for the Schuller International, Inc. facility located in Winslow Township, New Jersey. This form is a subsequent notification, reflecting a company name change as well as change in regulated waste activity.

The name change from Manville Sales Corporation to Schuller International, Inc. reflects no change in ownership or operation of the facility. The plant manufactures products for Manville Building Insulation, a division of Schuller International, Inc., and remains an operating subsidiary of Manville Corporation in Denver, Colorado.

If additional information is needed, please call me at (609) 768-7022.

Sincerely,

Marie E. H. Casanova
Marie E. H. Casanova
Environmental Coordinator
Schuller International, Inc.
Penbryn Plant

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA***(Charge) name*
United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☐

A. First Notification

☒B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ D 9 8 0 7 5 7 3 3 0

II. Name of Installation (Include company and specific site name)

SCHULLER INTERNATIONAL, INC PEN

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

ATLANTIC AVENUE

Street (continued)

City or Town

WINSLOW TOWNSHIP

State

ZIP Code

NJ 08009-

County Code

County Name

CAMDEN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

CN 130

City or Town

BERLIN

State

ZIP Code

NJ 08009-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

CASANOVA

(first)

MARIE E

Job Title

ENVIRON COORD.

Phone Number (area code and number)

609-768-7022

VI. Installation Contact Address (See Instructions)A. Contact Address
Location Mailing☒☐

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

SCHULLER INTERNATIONAL INC

Street, P.O. Box, or Route Number

PO BOX 5108

City or Town

DENVER

State

ZIP Code

CO 80217-

Phone Number (area code and number)

303-978-2000

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

☒

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify </p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D007

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
					
7	8	9	10	11	12
					

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
X001 					

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature 	Name and Official Title (type or print) Roger A. Stahl, Plant Manager	Date Signed 9/18/92
--	--	------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/26/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD980757330

FACILITY NAME -> SCHULLER INTERNATIONAL INC PEN

MAILING ADDRESS -> CN 130
BERLIN, NJ 08009

INSTALLATION ADDRESS -> ATLANTIC AVE
WINSLOW, NJ 08095

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

*11/27/92 sent to the
mailing address. (BU)*

TO: CASANOVA, MARIE E
ENVIRON COORD
SCHULLER INTERNATIONAL INC PEN
ATLANTIC AVE
WINSLOW, NJ 08095



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/26/92

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EPA I.D. NUMBER ->	NJD980757330
FACILITY NAME ->	SCHULLER INTERNATIONAL INC PEN
MAILING ADDRESS ->	CN 130 BERLIN, NJ 08009
INSTALLATION ADDRESS ->	ATLANTIC AVE WINSLOW, NJ 08095

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: CASANOVA, MARIE E
ENVIRON COORD
SCHULLER INTERNATIONAL INC PEN
ATLANTIC AVE
WINSLOW, NJ 08095



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/14/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD980757330

FACILITY NAME -> SCHULLER INTERNATIONAL INC PEN

MAILING ADDRESS -> CN 130
BERLIN, NJ 08009

INSTALLATION ADDRESS -> ATLANTIC AVE
WINSLOW, NJ 08095

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

*1/7/92 changed the mailing
contact address to the mailing
address + re-generated a copy.*
(BL)

TO: CASANOVA, MARIE E
ENVIRON COORD
SCHULLER INTERNATIONAL INC PEN
ATLANTIC AVE
WINSLOW, NJ 08095



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/14/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID. NUMBER -> NJD980757330

FACILITY NAME -> JOHNS MANSVILLE CORP

MAILING ADDRESS -> 437 ATLANTIC AVE
WINSLOW TWP, NJ 08009

INSTALLATION ADDRESS -> 437 ATLANTIC AVE
WINSLOW TWP, NJ 08009

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: IANNUCCI, GENE
ENVIRON SPECLST
JOHNS MANSVILLE CORP
437 ATLANTIC AVE
WINSLOW TWP, NJ 08009



*From
Sent
4/10/98*

Johns Manville Corporation
Insulation Group
437 Atlantic Avenue
Berlin, NJ 08009
609 767 5000

March 26, 1998

United States Environmental Protection Agency
Permits Administration - Regulated Waste Activity
290 Broadway
New York, New York 10007

Re: Correction of Form 8700-12AB, Received From USEPA On 7-22-97
EPA ID Number: NJD980757330

Dear Sir/Madam:

On June 12, 1997, Johns Manville Corporation processed a request (Form 8700-12) to the USEPA to update its company name, mailing address and generator status as they pertain to the "Notification of Regulated Waste Activity". This correspondence and the associated form are enclosed.

On July 22, 1997, we received from the USEPA an "Acknowledgement Of Notification Of Hazardous Waste Activity" form (8700-12AB) confirming our name, address and generator status changes. This form is also enclosed.

Please note that as received from the USEPA, the form contains a typographical error in our company name, as well as an error in our mailing address, as inserted by the USEPA.

Information - as submitted by Johns Manville:

Facility Name:	Johns Manville Corporation
Facility Location:	437 Atlantic Avenue Winslow Township, New Jersey 08009
Facility Mailing Address:	Johns Manville Corporation 437 Atlantic Avenue Berlin, New Jersey 08009

Information as transposed by the USEPA, on Form 8700-12AB:

Facility Name:	Johns Mansville Corp
Facility Location:	437 Atlantic Avenue Winslow Township, New Jersey 08009
Facility Mailing Address	437 Atlantic Avenue Winslow Township , New Jersey 08009

Johns Manville Corporation
EPA ID NJD980757330

March 26, 1998

We would appreciate if the Permits Administration Department could update its files to reflect the information as originally provided and the corrections noted in this correspondence. These corrections have also been requested by an environmental specialist from the New Jersey Department of Environmental Protection during a recent RCRA audit.

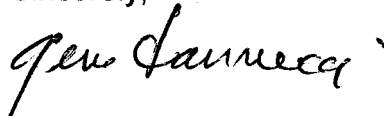
The corrections involve:

- a. Mansville to Manville
- b. Mailing address from Winslow Township, NJ to Berlin, NJ

Please direct any questions regarding this request to the writer at 609-768-7070. My fax is 609-768-7091.

Thank you fro your assistance in this matter.

Sincerely,



Gene Iannucci
Environmental Specialist
Winslow Township Facility

Copy: New Jersey Department of Environmental Protection
Division of Waste Management
Bureau of Hazardous Waste Classification and Manifests
401 East State Street
CN 028
Trenton, New Jersey 08625

RECEIVED
7-22-97



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/14/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD980757330

FACILITY NAME -> JOHNS MANSVILLE CORP

MAILING ADDRESS -> 437 ATLANTIC AVE
WINSLOW TWP, NJ 08009

INSTALLATION ADDRESS -> 437 ATLANTIC AVE
WINSLOW TWP, NJ 08009

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: IANNUCCI, GENE
ENVIRON SPECLST
JOHNS MANSVILLE CORP
437 ATLANTIC AVE
WINSLOW TWP, NJ 08009

Johns Manville Corporation

- JM -

Leader in Building Insulation

June 12, 1997

United States Environmental Protection Agency
Permits Administration - Regulated Waste Activity
290 Broadway
New York, NY 10007

*ORIGINAL
CORRESPONDENCE*

Re: Notification of Regulated Waste Activity - Name and Address Change
EPA ID No. NJD980757330

Dear Sir/Madam:

Enclosed please find EPA Form 8700 -12, "Notification of Regulated waste Activity", for the Johns Manville Corporation facility located in Winslow Township, New Jersey. This update is a subsequent notification, reflecting a company name and mailing address change, as well as a change in waste activity and type of regulated waste activity.

The corporation's name and the facility's mailing address have been changed. The name change from Schuller International, Inc to Johns Manville Corporation reflects no change in ownership nor operation of the facility.

Should you require additional information, please contact the writer at 609-768-7070.

Thank you for your assistance.

Sincerely,

Gene Iannucci

Gene Iannucci
Environmental Specialist
Winslow Township Facility

Johns Manville Corporation
437 Atlantic Avenue
Berlin, New Jersey 08009

Phone: 609-768-7070
Fax: 609-768-7091

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

<small>Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</small>		EPA		Notification of Regulated Waste Activity		Date Received (For Official Use Only)	
United States Environmental Protection Agency							
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)							
<input type="checkbox"/> A. First Notification		<input checked="" type="checkbox"/> B. Subsequent Notification (Complete item C)		C. Installation's EPA ID Number			
				NJD980757330			
II. Name of Installation (Include company and specific site name)							
Johns Manville Corporation							
III. Location of Installation (Physical address not P.O. Box or Route Number)							
Street							
437 Atlantic Avenue							
Street (Continued)							
City or Town			State	Zip Code			
Winslow Township			NJ	08009			
County Code	County Name						
	Camden						
IV. Installation Mailing Address (See Instructions)							
Street or P.O. Box							
437 Atlantic Avenue							
City or Town			State	Zip Code			
Berlin			NJ	08009			
V. Installation Contact (Person to be contacted regarding waste activities at site)							
Name (Last)		(First)					
Iannucci		Gene					
Job Title		Phone Number (Area Code and Number)					
Environmental Specialist		609-768-7070					
VI. Installation Contact Address (See Instructions)							
A. Contract Address Location Mailing Other		B. Street or P.O. Box					
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
City or Town			State	Zip Code			
VII. Ownership (See Instructions)							
A. Name of Installation's Legal Owner							
Johns Manville Corporation							
Street, P.O. Box, or Route Number							
P O Box 5108							
City or Town			State	Zip Code			
Denver			CO	80217-5108			
Phone Number (Area Code and Number)		B. Land Type	C. Owner Type	D. Change of Owner Indicator		(Date Changed)	
303-978-2000		<input type="checkbox"/> P	<input type="checkbox"/> P	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Month	Day Year

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
 Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D007

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Duane Nelson

Name and Official Title (Type or print)

Duane Nelson, Plant Manager

Date Signed

6/13/97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)